Are you allergic to any medication?			
Doctor's Name			

MANDATORY EQUIPMENT for players participating ... the clinic: Helmet with face mask (full cage) and strap, mouthpiece, hockey skates, stick, gloves, pads (elbow and shoulder), shin guards, hockey pants, and athletic supporter and cup. Girls will be required to wear a chest protector. Rental Equipment is available through the Troy Jr. Hockey Booster Association. Please call the Troy Recreation Department for more information at 339-5145.

CHECKS MUST BE PAYABLE TO: TROY RECREATION DEPARTMENT.

CREDIT CARD:	
Name on Card	
Credit Card #	
Expiration Date	
3 Digit Code on Back	
Signature	
Date	
Mail Registration Form to: Ho 25	bart Arena 5 Adams St.

JERSEY SIZE: (circle one)

Youth: Small/Medium or Large/X-Large

Adult: Small Medium Large

X-Large XX-Large

Troy, Ohio 45373

REFUND POLICY: The Department will make program refunds only for the following:

- 1. If the program is cancelled by the department.
- 2. If the registered participant moves out of town before the program starts.
- 3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

Holart Area 255 Adams St. Troy, Ohio 45373



June 30th - July 2nd Hobart Arena

Boys & Girls Ages 6-17 and Women's Clinic





Olympian Kristin King returns to her home rink of Hobart Arena in Troy, Ohio to host a weekend clinic for all ages. Kristin played her college hockey in Hanover, New Hampshire at Dartmouth College where she made two appearances at the NCAA tournament, 3 appearances in the ECAC Finals, and won 2 lvy League Titles. She was twice named to 1st Team All-lvy and was MVP for 3 years in a row. Kristin just returned from the 2006 Olympic Games in Torino, Italy where her and her team earned a Bronze Medal. She was a 2005 World Champion and also won the Silver Medal at the 2004 World Championships, a Gold Medal at the 2003 Four Nations Cup, and a Silver Medal at the 2005 Four Nations Cup. She returns to Ohio in hopes to further develop the sport of hockey.

The instructors for this hockey camp come from some of the best colleges and hockey teams in the nation and the world. We have coaches who have competed with the American and Canadian Nationals Teams and have played in the following tournaments:

Olympics • World Championships
Under 22-International Championships
NCAA Final Four
ECAC Championships
Ivy League Championships

Beginner Group

This group is designed for the aspiring hockey player who has little experience on the ice. Participants are taught the basic and essential skills of hockey including skating, stick handling, shooting and passing. Suggested age level is 6-10 but anyone is welcome.

(Fri. and Sat. - 9 am-1:30 pm • Sun. - 10:15 am-11:15 am)

Intermediate Group

This group is designed for players who want to improve and develop their hockey skills. There will be strong emphasis on puck control, stick handling, passing, shooting, and positional play. Suggested age level is 11-17.

(Fri. and Sat. - 10 am-2:30 pm • Sun - 11:45 am-12:45 pm)

Elite Group

The Elite group will consist of players who are at camp because they are committed to strengthening their foundation in the fundamentals of hockey. It is designed for those who are playing at a competitive level and have hopes of continuing their career post high school. Suggested age level is 14-17.

(Fri. and Sat. - 11:15 am-3:45 pm • Sun - 1:15 pm-2:15 pm)

Note: All groups will be co-ed but there will be no body contact allowed during practice or scrimmages.

Space is limited so sign up now!

Dry Land and Video Sessions

There will also be off-ice training sessions as well as video sessions. The off-ice training will be designed to work on agility, hand/eye coordination, flexibility, quickness, and balance. Campers will need to bring shorts, gym shoes, and a t-shirt. There will be highlight video's shown from the Olympic Games, World Championships, and Dartmouth College.

Women's Clinic

The women's clinic is designed for women 18 and older. It offers skill development in order to facilitate greater enjoyment for the game of hockey. There will be strong emphasis on the basic fundamentals of hockey as well as power skating, shooting, passing, and stick handling.

(Fri. - 6:00 pm-7:00 pm Sat. - 4:30 pm-8:30 pm and Sun.- 2:45 pm-3:45 pm)

COST: KIDS - \$150.00 • WOMEN - \$130.00

Camp Overview

The on ice segment of the camp will consist of 2-one hour ice sessions and one dry land training session on Friday and Saturday and a one hour ice segment on Sunday where they will be given a chance to scrimmage.

Note: Please pack a brown bag lunch for your child as lunch will not be provided.

Waiver/Liability

Signature

We reserve the right to place students in the most appropriate group for their skill level. We also retain the right to terminate the stay of any player, when it is decided that it is in the best interest of either the school or the player.

The participant, parents or legal guardian agree that the Kristin King's Hockey School, the Troy Recreation Department, the City of Troy Employees, the facility, nor anyone associated with the camp will not be liable for any accident or loss, however caused, and agrees to release, the proprietors and/or facilities from any and all damages which may occur as a result of participation in this program. We state that the applicant is in good health and can participate in the physical activity of a vigorous program. In an event of injury or illness while at camp, I hearby consent and authorize the administration of all treatments and test that may be considered advisable, or necessary, in the judgement of emergency room physician, or any other clinical physicians. I also agree that the school will not be held responsible for any acts of God (flood, power failure, etc.), which may result in the termination of the school.

Date	
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CAMP REGISTRATION DEADLINE: JUNE, 16 2006

NAME		
DATE		
ADDRESS		
PHONE		
CITY/STATE		
ZIP		
EMAIL ADDRESS		
BIRTHDATE		
AGE (as of December 31,2006)		
HOCKEY EXPERIENCE: Y or N		
YEARS EXPERIENCE:		
WHAT ORGANIZATION DID YOU PARTICIPATE WITH		
WHAT DIVISION (MITES, SQUIRTS,ETC.)?		
WHAT LEVEL (HOUSE B, A, ETC.)		
NAME OF PARENT/GUARDIAN		
ADDRESS		
ZIP		
(street) (city)		
HOME PHONE:		
WORK PHONE:		
CELL PHONE:		
EMERGENCY CALL		
PHONE		
(friend, neighbor, grandparents, etc.)		

Over